

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea, Bureau Chief	FROM:	Name and Title: Daryl D. Wiltshire, Vocational Coordinator
	Organizational Unit: DPHHS/DDP		Organizational Unit: Counterpoint, Inc.
	Address: PO Box 4210, Helena, MT 59604-4210		Address: 116 E. Lewis St., Livingston MT 59047

1. TYPE OF REQUEST: ☐ Follow-up to Verbal Request - Date of Verbal Request: ☒ X Written Request

2. STATEMENT OF QUESTION OR ISSUE:

In regards to the Medical Care and Prescription Policy, what is the definition of over the counter medications? Does it include everything listed on Dr. Justad's Standing Orders for PRN Medications and Procedures form? Would the information on this form provide the strength & dosage, route and time of administration, and special instructions information required by the policy?

Is it possible for a congregate setting such as a Day Program to have some of these products for use by more than one individual as long as there is no contamination, such as a bottle of ibuprofen, or a spray insect repellent purchased by the corporation? These would be used for an individual only in compliance with each individual's doctor's orders per the Standing Orders for PRN Medications and Procedures form. Some individuals have limited resources, they do not use up an entire container of a product before its expiration date, creating a lot of waste.

References:

3. ANSWER: The definition of over the counter medications are those medications which anyone could purchase at most grocery stores, pharmacies, etc without a prescription from a doctor. These include such products as Vitamins, Tylenol, Ibuprofen, cough syrup, antihistamines, etc. They also include all naturopathic products such as herbal remedies. The Medical Care and Prescriptions Policy 2.3.3.2 states "all over the counter medications and supplements, if prescribed by a physician or the individual needs assistance with the medication must have an identification label that includes: Person's name, medication name, strength and dosage, route and time of administration, special instructions".

A provider may use any form to log information as long as it meets the requirements stated in 2.3.3.2 of the Medical Care and Prescriptions Policy, effective June 9, 2010.

Each individual must have their own over the counter medication, if it is prescribed by a physician or the individual needs assistance with the medication. You would not meet the requirements in 2.3.3.2 if you had a communal over the counter medication or supplement.

References:

Approved and Issued by:  (Program Director)

Date: 6/25/10

STATE USE ONLY	4: DISTRIBUTION: One Copy: One Copy: One Copy: Additional Copies: <input type="checkbox"/> _____	5: FOLLOW-UP: <input type="checkbox"/> To be issued as Bulletin to: _____ (Division Administrator) Manual. Expected Date of Issuance: _____ <input type="checkbox"/> A.R.M. Change <input type="checkbox"/> State Plan Change
	Requestor Manual Coordinator Division Files	